

# Viatical Provider Annual Report

## Year Ending \_\_\_\_\_

IDOI Use  
Date Received: \_\_\_\_\_  
(After March 1, Late Fee Accessed)

Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Required Items

Confidentiality Invoked? Yes No

(Please number or tab each item accordingly)

Submitted  
Yes/No

	1. Spreadsheet for each viatical settlement contract executed or acquired during the reporting period in Indiana (See page 2 for required items)
	2. Spreadsheet for each viatical settlement contract where death has occurred during the reporting period. In Indiana (See page 2 for required items)
	3. Spreadsheet for each viatical settlement contract executed or acquired during the reporting period for all States in the aggregate. (See page 2 for required items)
	4. Spreadsheet for each viatical settlement contract where death has occurred during the reporting period for all States in the aggregate. (See page 2 for required items)
	5. Name and address of each viatical settlement agent and broker through whom the reporting company purchased a policy from a viator who resided in Indiana at the time of the contract.
	6. A copy of the pricing memorandum (*See notation below regarding confidentiality requirements)
	7. Number of policies reviewed and rejected for all States.
	8. Number of policies purchased in the secondary market as a percentage of total policies purchased for all States

*\*The viatical settlement provider may request the commissioner to withhold that material from public inspection in order to preserve trade secrets in accordance with IC 5-24-3-4. Each page covered by such request shall be clearly marked "confidentiality requested", and all pages so marked shall be placed in a separate envelope.*

**Required items for Spreadsheets Items 1 -4 listed above**

<b>1. The following for each viatical settlement contract executed or acquired during the reporting period:</b>
(A) Date of viatical settlement contract.
(B) Life expectancy of the insured at the time of the contract, in months.
(C) Face amount of the policy viaticated.
(D) Net death benefit viaticated.
(E) Estimated total premiums to keep the policy in force for life expectancy.
(F) Net amount paid to viator.
(G) Source of policy: <b>A – Agent: B – Broker: D – Direct Purchase: SM – Secondary Market</b>
(H) Type of coverage: <b>I – Individual: G- Group</b>
(I) Within the contestable or suicide period, or both, at the time of the viatical settlement <b>(YES or NO)</b>
(J) Primary International Classification of Diseases (ICD) diagnosis code, in numeric format, as defined by the international classification of diseases, as most recently published by the USDHHS.
(K) Type of funding: <b>I – Institutional: P - Private</b>
(L) A copy of the pricing memorandum. *
<b>2. The following for each viatical settlement contract where death has occurred during the reporting period.</b>
(A) Date of viatical settlement contract.
(B) Life expectancy of the insured at the time of the contract, in months.
(C) Net death benefit collected.
(D) Total premiums paid to maintain the policy: <b>WP – Waiver of Premium: N/A – Not Applicable</b>
(E) Net amount paid to viator.
(F) Primary International Classification of Diseases (ICD) diagnosis code, in numeric format, as defined by the international classification of diseases, as most recently published by the USDHHS.
(G) Date of death.
(H) Amount of time between the date of contract and the date of death, in months.
(I) Difference between the numbers of months that passed between the date of the contract and the date of death and the life expectancy, in months, as determined by the reporting company
(J) Date policy was issued to viator.